PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10780405

Elicotive Octobol 1, 2000								$oldsymbol{\perp}$			700	· · · · · · · · · · · · · · · · · · ·
			(Column 1)		(Column 2)			LL E	YTTTN	OR		R THAN ENTITY
TOTAL CLAIMS			28				R	TE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			28 minus 20=		. 8		X	9=	72	OR	X\$18=	·
INDEPENDENT CLAIMS			minus 3 =		*	2	X	3=	86	OR	X86=	
MULTIPLE DEPENDENT CLAIM PR			RESENT				+14	15=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0"						column 2	TO	ΓAL	513	OR	TOTAL	
[L] [1	125/08	CLAIMS AS A (Column 1)	MENDE	MENDED - PART II 395 == (Column 2) (Column 3)				ALL I	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	. 28	Minus	** 2	- 8	=	X\$	9≃	·	OR	X\$18=	
AME	Independent	* 5	Minus	***	5	=	X4:	3=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								5=		OR	+290=	
·								FEE		OR	TOTAL ADDIT. FEE	·
(Column 1) (Column 2) (Column 3)										•••		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	RA*	ſΈ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		=	X\$	9=		OR	X\$18=	_
	Independent	* NTATION OF MU	Minus	***	OI 4 19 4	<u> -</u>	X4:	3=	······································	OR	X86=	·
	rino i Priese	MIAHUN UF MU	LIPLE DEF	CNUENT	CLAIM		+14	5=		OR	+290=	
							ADDIT.	FEE	•	OR	TOTAL ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)						
WEN		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9)=		OR	X\$18=	
	Independent		Minus	***		=	X43	_	,	OR	X86=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ı		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
TI	ne "Highest Numt	per Previously Paid	For (Total or	Independen	t) is the	highest number	r found in th	e appr	opriate box	in colu	mn 1.	